



16698 U.S. PTO

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	
Attorney Docket No.	NONE
First Inventor or Application Identifier	AP 05
Title	METHODS FOR STABILIZIN PROTEIN.
Express Mail Label No.	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 6] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
* NOTE FOR ITEMS 1 & 3: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
		9. <input type="checkbox"/> English Translation Document (if applicable)	
		10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		11. <input type="checkbox"/> Preliminary Amendment	
		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) TWO (Should be specifically itemized)	
		13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)	
		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		15. <input type="checkbox"/> Other: _____	
16. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
17. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
Name	CYTOSKELETON INC. c/o ASHLEY DAVIS		
Address	1830 SOUTH ACOMA ST.		
City	DENVER	State	CO
Country	USA	Zip Code	80223
	Telephone	303 322 2254	Fax 303 322 2257

Name (Print/Type)	ASHLEY DAVIS	Registration No. (Attorney/Agent)	NONE
Signature	<i>A. Davis</i>	Date	2-2-2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL		Complete if Known	
for FY 2000 Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.		Application Number	
		Filing Date	2-3-2004
		First Named Inventor	ASHLEY DAVIS
		Examiner Name	
		Group / Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		345 ⁰⁰	Attorney Docket No.

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																																																							
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <input type="text"/> Deposit Account Name <input type="text"/> <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17		3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	ASHLEY DAVIS	Registration No. (Attorney/Agent)	NONE
Signature	AS Davis	Telephone	303 322 2254
		Date	2-2-2004

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